

REDEMPTION ORDER

Michigan Department of Labor & Economic Growth
Workers' Compensation Agency/Board of Magistrates
PO Box 30016, Lansing MI 48909

(Personal Service) (Mailed)

_____ Day of _____ 20 _____

Magistrate (Please Print)

| | | |
|----------------|------------------------|---------|
| Plaintiff Name | Social Security Number | Address |
| Employer | Carrier | |

If more than one employer/carrier, also complete and attach Multiple Carrier Redemption Form WC-113A

This agreement to redeem the employer's entire workers' compensation liability for injuries sustained by the plaintiff on the following date(s): _____

has been considered by a member of the Board of Magistrates. **IT IS ORDERED** that this agreement to redeem the employer's entire liability for workers' disability compensation benefits by the payment of \$ _____

is ☐ **APPROVED** ☐ **DENIED**.

IT IS FURTHER ORDERED that the above sum be paid as follows:

\$ _____ directly to _____ Federal ID # _____
attorney(s) for the plaintiff for attorney fees of \$ _____ and expenses in connection
therewith of \$ _____

\$ _____ directly to _____
for medical expenses.

\$ _____ directly to _____
for items other than medical expenses.

\$ _____ cost of annuity, if applicable.

\$ **100.00** statutory redemption fee on behalf of plaintiff paid directly to the State of Michigan. *
Payable directly by plaintiff if this order is denied.

\$ _____ directly to plaintiff, being the balance.

IT IS FURTHER ORDERED that defendant remit defendant's statutory redemption fee of \$100.00 directly to the State of Michigan. *

IT IS FURTHER ORDERED that defendant shall also continue the payment of weekly compensation of
\$ _____ per week through _____.

Social Security Administration Information

The worker is currently age _____ and has a life expectancy of _____ years.

The net payment of _____ is allocated at the rate of \$ _____ per month.

Signed this _____ day of _____, 20 _____ County of _____. Magistrate _____

If a request by any of the parties for review by the director, or notice of review by the director on his own motion, is not filed within 15 days from personal service, or if mailed, the mailing date of this order, it shall stand as the final decision of the Workers' Compensation Agency. ***Payment of benefits pursuant to this order and redemption fees are due upon expiration of the appeal period.** Denial of this agreement does not discharge the liability for redemption fees. Send one copy of this order with your payment. Checks are to be made payable to the State of Michigan and mailed to WCA Redemption Fees, PO Box 30646, Lansing, Michigan 48909.